PART B - FEE(S) TRANSMITTAL

Complete and send t	o 1 2006 w	ee(s), to: <u>N</u> or <u>I</u>	Commiss P.O. Box Alexandr	ioner for 1450 ia, Virgir	ľ				
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected by	rm should be used for tran respondence including the I below or directed otherwise is.	smitting the \$500 atent, advance or in Block				ed). Blocks 1 through 5 s 1 be mailed to the current nd/or (b) indicating a sep-	hould be completed where correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENC		Note: A cert Fee(s) Trans papers. Each	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
DICKSTEIN SHA 2:101 L Street, NW Washington, DC 20	LP	I hereby cert States Postal addressed to transmitted to							
				(Depositor's name) (Signature)					
				-			(Date)		
A BRU (CA TION) NO	CH INC DATE	 	FIDOT NAME	DIVENTOR		ATTORNEY DOCUTTIO	· · · · · · · · · · · · · · · · · · ·		
APPLICATION NO. 10/684,431	FILING DATE 10/15/2003		FIRST NAMEI Gurtej S.			M4065.0316/P316-A	CONFIRMATION NO.		
TILE OF INVENTION: SI	EMICONDUCTOR DEVIC	ES USING ANTI-	REFLECTIVI	E COATINGS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO ·	\$1400		\$300		\$1700	05/01/2006		
EXAM	EXAMINER		ART UNIT		ASS				
GHYKA, ALEXANDER G 2812				257-437000					
Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	L THE PATENT	(print or type)					
PLEASE NOTE: Unless	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee	data will app	ear on the patent. If	an assigned	e is identified below, the o	locument has been filed for		
(A) NAME OF ASSIGNI	_			-	OR TOLE	TPTO did not	receive the fol		
Micron Te	Boise, ID			sted item(s) Chair (and score					
ease check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	atent): 🔲 Individu	ai An Cor	poration or other private gr	oup entity Government		
The following fee(s) are Issue Fee	enclosed:	4b	Payment of Fee(s):						
Publication Fee (No s	A)	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
_ •	(from status indicated above	,	·_ ·		ing SMALI	ENTITY status. See 37 C	- 		
	is requested to apply the Issu ublication Fee (if required) vords of the United States Part								
	. /0.	- Jacondik			05/02/201	6 SZEWDIES 98989122	841873 18684431 		
Authorized Signature Typed or printed name	Thomas J. D'	Amico			161 PC:X 5 02 FC:15 283 FC:18	94399_89 DA			
his collection of information application. Confidentiali ubmitting the completed applications form and/or suggestions tox 1450. Alexandria Virginal Confidential	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT for reducing this burden, st inia 22313-1450. DO NOT	11. The information 122 and 37 CFR O. Time will vary tould be sent to the SEND FEES OR C	on is required of 1.14. This coldepending upen Chief Information COMPLETED			U1	d by the USPTO to process ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450		
iexalidria, virginia 22313-	1450. tion Act of 1995, no persons								

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PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidated Appropri	riations Act. 2005 (H.R. 4	318).	Complete if Known									
FEE TRANSI	•		on Number	10/684,431-Conf. #3910								
li de la companya de		Filing Da	te	October 15, 2003								
For FY 20	106		ned Inventor	Gurtej Sandhu								
		Examiner	Name	A. G. Ghyka								
Applicant claims small entity state	is. See 37 CFR 1.27	Art Unit		2812	2812							
TOTAL AMOUNT OF PAYMENT	(\$) 1,715.00	Attomey	Docket No.	M4065.0316/P316-A								
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated	below		Charge fee(s) in	ndicated below, ex	cept for the	filing fee						
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION (All the fee		upon filina o	r mav be sub	ect to a surcha	rae.)							
1. BASIC FILING, SEARCH, AND EX			, , , , , , , , , , , , , , , , , , , ,	,000,00	5/							
FIL	ING FEES	SEARCH FE		NATION FEES								
Application Type Fee (\$)	Small Entity Fee (\$) Fe	<u>Small</u> ee (\$) Fee		Small Entity) Fee (\$)	Fees Pa	id (\$)						
Utility 300		500 25	· ·	100	100314	- (Ψ)						
Design 200	100	100 5	0 130	65								
Plant 200	100	300 15	0 160	80		-						
Reissue 300		500 25		300		PT						
Provisional 200	100	0 .	0, 0	0								
2. EXCESS CLAIM FEES		*			Sr	nall Entity						
Fee Description	Fee (\$)	Fee (\$)										
Each claim over 20 (including Reissu	•				50	25						
Each independent claim over 3 (inclu	ding Reissues)				200	100						
Multiple dependent claims					360	180						
Total Claims Extra Claims	ee Paid (\$)		<u>Nultiple Depender</u>									
33 - 33 = x = Fee (\$) Fee Paid (\$) HP = highest numer of total claims paid for, if greater than 20.												
Indep. Claims Extra Claims	-	ee Paid (\$)										
4 -4 = x		ee raid (4)	_									
HP = highest numer of independent claims paid for, if greater than 3.												
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), t	he application size fe	ee due is \$250 (\$125 for small (entity) for each ad	ditional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets												
- 100 =		Fee Pa	10 (2)									
100 = /50 (round up to a whole number) x =												
Non-English Specification, \$130	fee (no small entity 1501 Utility issue											
Other (e.g., late filing surcharge):	1,400											
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	80,01 Printed copy	or paterit w/o			15.0	<u></u>						
SUBMITTED BY	/	Registration	No see	T	4000:							
Signature		(Attorney/Age		Telephone	(202) 828-2	2232						
Name (Print/Type) Thomas o. D'Amic	Date	May 1, 20	006									

The PTO did not receive the following listed item(s) Chedit Card Form for \$1715.00